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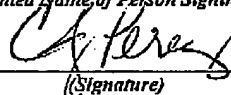
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PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
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RE:	YOUR REFERENCE NUMBER:
Submission of Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address	USSN 10/560,561

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Transmitted with
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
Statement Under 37 CFR 3.73(b) with attached copy of Assignment
Certificate of Transmission by Facsimile (37 CFR 1.8)

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Victor Weiss et al.			BKE-0010
Application No. 10/560,561	Filing Date December 12, 2005	Examiner unassigned	Group Art Unit unassigned
Invention: METHOD AND SYSTEM FOR DISPLAYING AN INFORMATIVE IMAGE AGAINST A BACKGROUND IMAGE			
<p>I hereby certify that this <u>Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, Statement Under 37 CFR 3.73(b)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)</p> <p>on <u>May 30, 2006</u> (Date)</p> <p style="text-align: right;"><u>Cathy J. Perez</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/560,561
	Filing Date	December 12, 2005
	First Named Inventor	Victor Weiss et al.
	Art Unit	2872
	Examiner Name	unassigned
	Attorney Docket Number	BKCE-0010

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23413

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

23413

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		ZIP
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>J. Zohn</i>			X
Name	JONATHAN ZOHAN			X
Date	May 1, 2006	X	Telephone	011 972 893 0732

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.